

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

404

FILED FEB 24 1941

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

873

## 1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17hrs. 25mins.  
 (Specify whether  
 In this community 17hrs. 25mins.  
 years, months or days)

3. (a) PRINT FULL NAME Baby Hughes

3. (b) If veteran, name war Newborn 3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Newborn  
 6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn

7. Birth date of deceased January 11, 1942  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 hr. 25 min.

9. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Newborn

11. Industry or business Newborn

12. Name John Hughes 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Meyers 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison  
 (b) Address St. Louis City Hospital #1

17. (a) Cremation (b) Date thereof 1-29-42  
 (Usual, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. White

(b) Address City Hospital #1

19. (a) 1941 (b) J. F. Bredeck  
 (Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3223 No. 20th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,  
 year 1942 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from January 11, 1942 to January 12, 1942;  
 that I last saw him alive on January 12, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity

Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. W. Salem (M. D.)  
 Address 1515 Lafayette Avenue Date signed 1/12/42

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**